

CLASS OF '63 MINI REUNION REGISTRATION - MAY 5 - 6, 2016

DEADLINES: HOTEL RESERVATION: APRIL 14 - REUNION REGISTRATION: APRIL 25

Name: _____ Email: _____

Address: _____ Daytime Phone: _____

City: _____ State: _____ ZIP: _____

REUNION NAMETAGS

Please include the relationship* of each guest and Class Years for all former students of A&M.

* spouse, child, friend, sibling, parent, etc...

Classmate Nametag: _____ Spouse Nametag: _____

Guest 1 Nametag: _____ Guest 2 Nametag: _____

Relationship: _____ Relationship: _____

REUNION REGISTRATION & ACTIVITIES				TOTAL
Registration for myself <input type="checkbox"/> \$5 - Registration				\$
Registration for Spouse & Guest(s) <input type="checkbox"/> \$5 - (includes all guests)				\$
Add a \$10 late fee if registering on or after April 25, 2016 (food cannot be guaranteed 3 days prior to event.)				\$
Indicate the activities each guest will be attending, including yourself, by filling the boxes on the left and your total on the right.				
WHO'S ATTENDING		ACTIVITY	NUMBER ATTENDING	
Classmate	Spouse	Guest 1	Guest 2	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thursday reception & Class Italian buffet dinner with cash bar _____ x \$30 \$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Friday School of Veterinary Medicine Tour _____ x No Charge No Charge
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Friday Kyle Field Tour _____ x \$12 \$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Friday reception & Class BBQ buffet dinner with cash bar _____ x \$40 \$
GRAND TOTAL FOR REGISTRATION & ACTIVITIES				\$ _____

Method of Payment: Please ☒ one: ☐ Check (Payable to The Association of Former Students) Ck # _____

or ☐ Credit Card: Mastercard / Visa / Discover / American Express

Card #: _____ - _____ - _____ - _____ Exp. Date: _____ / _____ Verification Code*: _____

Signature: _____ Date: _____

* The last 3 digits of the number printed on the signature line on the back of your card

If you have any special dietary or physical needs, please let us know: _____

Return this form to The Association of Former Students, P.O. Box 10005,
College Station, TX 77842
or fax to 979-845-9263

ATTN: Class of '63 Mini Reunion

Register Online at tx.ag/1963mini16 - it's free and secure!

Office Use:

Rcd: _____

BSR: _____

PID: _____

Proc: _____

Letter: _____

Tags: _____